

White Paper

Guiding Principles for the SD DOC/DHS Women's Methamphetamine Treatment Program

Purpose and Rationale

Women addicted to methamphetamine now represent a significant proportion of all offenders entering the South Dakota Women's Prison. Approximately 40% of the women admitted to prison in South Dakota in FY 06 had a methamphetamine diagnosis, up from 20% in FY 03. Thirty-four percent of all female inmates in SD are serving time for Drug Distribution or Drug Possession up from 19% in 1999 and 25% in 2003. These increases in drug convictions and drug impacted offenders are viewed as a major factor contributing to the 19% growth rate in the state's female prison population from FY 05 to FY 06. The overall purpose of this program is to implement effective strategies, policy and practices for women offenders who are addicted to methamphetamine in order to reduce recidivism/repeat offenses.

The purpose of this white paper is to summarize the major concepts/theories and offer guidance to those working with the women's methamphetamine program. The White Paper draws heavily on the work of Bloom et al (*A Summary of Research, Practice, and Guiding Principles for Women Offenders*) and other evidence-based research on the treatment of women offenders and women with addictions. The overall goal is to implement evidence-based strategies and approaches to respond to and address the behavior and circumstances of women offenders addicted to methamphetamine in order to facilitate and enhance a successful return to the community and their families.

Characteristics of Women in the Criminal Justice System

The significant increase in the number of women under criminal justice supervision has called attention to the status of women in the criminal justices system and to the particular circumstances they encounter. The increasing numbers have also made evident the lack of appropriate policies and procedures for managing women offenders addicted to methamphetamine. Women offenders typically have low incomes and are undereducated and unskilled. Nation wide women from minority backgrounds are disproportionately represented, while in South Dakota the clients are primarily white while Native American Women represent a larger percentage of the population than is found in the general population of the state. They are less likely than men to have committed violent offenses and are more likely to have been convicted of crimes involving drugs or property. Often, their property offenses are economically driven, motivated by poverty and by the abuse or alcohol and other drugs. The table below provides a summary comparison of clients with a primary methamphetamine diagnosis as compared to clients without a primary methamphetamine diagnosis.

	Non-meth (200)*	Meth (168)**
Education		
HS Diploma	73 (37%)	45 (27%)
GED	60 (30%)	68 (40%)
Neither GED or Diploma	67 (34%)	55 (33%)
Average Last Grade Cmpd	11	11
Race		
White	118 (59%)	111(66%)
Native	70 (35%)	50 (30%)
Hispanic	6 (3%)	5 (3%)
Black	6 (3%)	1 (1%)
Asian	0	1 (1%)
Marital Status		
Divorced	37 (19%)	27 (16%)
Married	43 (22%)	32 (19%)
Single	106 (53%)	96 (57%)
Separated	14 (7%)	10 (6%)
Widow	0	3 (2%)
Age		
Current Average Age	35	32
>20	4 (2%)	2 (1%)
20-25	42 (21%)	49 (29%)
26-30	32 (16%)	34 (20%)
31-35	35 (18%)	32 (19%)
<35	87 (44%)	51(30%)

*Information from Download on June 30, 2006.

Key Issues in Serving Women Offenders Addicted to Methamphetamine

Women have different programming and service needs, especially in terms of physical and mental health, substance abuse, recovery from trauma, and economic/vocational skills. While all offenders must confront the problems of reentry into the community, many of the obstacles faced by women offenders are specifically related to their status as women. The majority of women in correctional institutions nationally are mothers, and a major consideration for these women is reunification with their children. The obstacles for these women are unique because their requirements for safe housing, economic support, medical services, and other needs must include the ability to take care of their children. These obstacles include system-level characteristics, such as the lack of programs and services designed and targeted for women, women's involvement with multiple human service agencies, and lack of community support for women in general.

Effects of Methamphetamine Addiction

Once ingested, methamphetamine, a highly addictive CNS, has a longer half-life (around 11 hours) than either cocaine or other amphetamines (Craig, 2004). Furthermore, its Central Nervous System (CNS) effects are greater than either (NIDA, 2003). This fact, along with its high potency and availability, explains much of its appeal.

Methamphetamine users report that use elicits an intense, instant euphoric rush followed by feelings of euphoria and increased energy (Doweiko, 2002). A NIDA Info Fact Sheet (2003) lists a number of effects including increased wakefulness, increased physical activity, decreased appetite, increased respiration, hyperthermia, and euphoria. The acute effects of withdrawal from methamphetamine do not last long. More troubling, the fact sheet also lists irritability, insomnia, confusion, tremors, convulsions, anxiety, paranoia, and aggressiveness. In addition to death, methamphetamine use can cause neurotoxic effects leading to Parkinson's disease like movement disorder, hyperthermia, convulsions, respiratory problems, heart problems, strokes, and extreme anorexia.

The effects of methamphetamine use are particularly alluring to women. Morgan and Beck (1997) have reported that women's motivations for using methamphetamine include weight loss, enhanced self-confidence, increased energy for dealing with the demands of childrearing and household activities, and enhanced sexual pleasure.

However, a longer treatment period is needed than for other substances and relapse is common (KCI, 2004). Treatment is complicated by the manner in which the user's brain recovers (or does not recover) from usage. Depression and cognitive "fuzziness" are common. Perhaps most difficult to overcome, is the loss of the drug induced rush of pleasure, something hard to duplicate in everyday life.

Women's services and programs:

Substance abuse, family violence, and their struggle to support themselves and their children are the main factors that drive women into crime. More often than their male counterparts, women need gender-specific services such as protection from abusive partners, childcare services, access to reliable transportation, and realistic employment opportunities that allow for self-support. In general, research shows an insufficient number of programs for women under any type of supervision that will help them prepare for career-oriented training and address issues common to women offenders such as sexual abuse, victimization through violence, and low self-esteem.

Staffing and training:

In terms of staff training, standard training protocols often neglect or minimize information about woman offenders. There is a perception among correctional staff that women offenders are more difficult to work with than their male counterparts. Preparing staff to work with women offenders requires increased knowledge about women that will help staff members develop the constructive attitudes and the interpersonal skills necessary for working with women under correctional supervision. Further, the behavioral and cognitive changes resulting from abuse of methamphetamine also require unique understanding in order to provide a supportive environment for the therapy and recovery to the addiction.

Theoretical Perspectives Related to Women's Lives

The principles and strategies outlined in this white paper are grounded in three intersecting perspectives: the pathways perspective, relational theory and female development, and trauma and addiction theories.

The Pathways Perspective

Research on women's pathways into crime indicates that gender has a significant role in shaping criminality. Women and men enter the criminal justice system via different pathways. Among women, the most common pathways to crime are based on survival of abuse and poverty and substance abuse. Recent research establishes that, because of their gender, females are at greater risk of experiencing sexual abuse, sexual assault, domestic violence, and single-parent status. For example, girls and young women often experience sexual abuse in their homes; in adulthood, women experience abuse in their relationships with significant others. Pathways research has identified key issues in producing and sustaining female criminality, such as histories of personal abuse, mental illness tied to early life experiences, substance abuse and addiction, economic and social marginality, homelessness, and dysfunctional relationships.

Relational Theory and Female Development

Theories that focus on female development, such as the relational model posit that the primary motivation for women throughout life is the establishment of a strong sense of connection with others. Relational theory developed from an increased understanding of gender differences and, specifically, of the different ways in which women and men develop psychologically. According to a relational theory, females develop a sense of self and self-worth when their actions arise out of, and lead back into, connection with others. Therefore, connection, not separation, is the guiding principle of growth for girls and women.

The importance of understanding relational theory is reflected in the recurring themes of relationship and family in the lives of women offenders. Disconnection and violation rather than growth-fostering relationships characterize the childhood experiences of most women in the criminal justice system. Women are far more likely than men to be motivated by relational concerns. For example, women offenders who cite drug abuse as self-medication often discuss personal relationships as the cause of their pain. The relational aspects of addiction are also evident in research indicating that women are more likely than men to turn to drugs in the context of relationships with drug-abusing partners to make themselves feel connected.

A relational context is critical to successfully address the reasons why women commit crimes, the motivations behind their behaviors, how they can change their behavior, and their reintegration into the community.

Trauma and Addiction Theories

Trauma and addiction are inter-related issues in the lives of women offenders. Although they are therapeutically linked, these issues historically been treated separately. Trauma and addiction theories provide the integration and foundation for gender responsiveness in the criminal justice system. Trauma has been the focus of a number of studies, and various experts have written about the process of trauma recovery. Because

the traumatic syndromes have basic features in common, the recovery process also follows a common pathway. A generic definition of addiction as “the chronic neglect of self in favor of something or someone else” is helpful when working with women. Some women use substances to numb the pain experienced in destructive relationships. Women who abuse substances are also vulnerable targets for violence.

Guiding Principles

Principles and Strategies

Empirically based evidence drawn from a variety of disciplines and effective practice suggests that addressing the realities of women’s lives through policy and programs is fundamental to improved outcomes for women offenders addicted to methamphetamine. The following guiding principles are designed to address the management, supervision, and treatment of women offenders addicted to methamphetamine in the criminal justice system. The principles recognize the behavioral and social differences for women and have specific implications for implementation of responsive policy and practice.

The guiding principles provide a blueprint for a responsive approach to the development and implementation of the South Dakota DOC Women’s Methamphetamine Program.

Guiding Principle 1: Create an Environment Based on Safety, Respect, and Dignity

Research from a range of disciplines (e.g., physical health, mental health, and substance abuse) has shown that safety, respect, and dignity are fundamental to behavioral change. To improve behavioral outcomes for women, it is critical to provide a safe and supportive setting for supervision. A profile of women in the criminal justice system indicates that many have grown up in less-than-optimal family and community environments. In their interactions with women offenders, criminal justice professionals must be aware of the significant pattern of emotional, physical, and sexual abuse that many of these women have experienced. Every precaution must be taken to ensure that the criminal justice setting does not reenact women offenders’ patterns of earlier life experiences. A safe, consistent, and supportive environment is the cornerstone of an effective corrective process. Because of their lower levels of violent crime and their low risk to public safety, women offenders should be supervised with the minimal restrictions required to meet public safety interests.

The Evidence

Research from the field of psychology, particularly trauma studies, indicates that environment cues behavior. There is now an understanding of what an environment must reflect if it is to affect the biological, psychological, and social consequences of trauma. Because the corrections culture is influenced by punishment and control, it is often in conflict with the culture of treatment. The criminal justice system is based on a control model, whereas treatment is based on a model of behavioral change. These two models must be integrated so that women offenders can experience positive outcomes. This integration should acknowledge the following facts:

- Substance abuse professionals and the literature report that women require a treatment environment that is safe and nurturing. They also require a therapeutic relationship that reflects mutual respect, empathy, and compassion.
- A physically and psychologically safe environment contributes significantly to positive outcomes for women.
- Safety is identified as a key factor in effectively addressing the needs of domestic violence and sexual assault victims.
- Custodial misconduct has been documented in many forms, including verbal degradation, rape, and sexual assault.
- Assessment and classification procedures often do not recognize the lower level of risk to public safety presented by women both in the nature of their offenses and in their behavior while under supervision. This can result in placement of women in higher levels of custody than necessary in correctional institutions and in inappropriate assessments of their risk to the community.
- Women offenders' needs for personal safety and support suggest the importance of safe and sober housing.

Guiding Principle 2: Develop Policies, Practices, and Programs That Are Relational and Promote Healthy Connections to Children, Family, Significant Others, and the Community

Understanding the role of relationships in women's lives is fundamental because the theme of connections and relationships threads throughout the lives of women offenders. When the concept of relationship is incorporated into policies, practices and programs, the effectiveness of the system or agency is enhanced. This concept is critical when addressing the following:

- Reasons why women commit crimes.
- Impact on interpersonal violence on women's lives.
- Importance of children in the lives of women offenders.
- Relationships between women in an institutional setting.
- Process of women's psychological growth and development.
- Environmental context needed for effective programming.
- Challenges involved in reentering the community.

The Evidence

Studies of women offenders highlight the importance of relationships and the fact that criminal involvement often develops through relationships with family members, significant others, or friends. This is qualitatively different from the concept of "peer associates," which is often cited as a criminogenic risk factor in assessment instruments. Interventions must acknowledge and reflect the impact of these relationships on women's current and future behavior. Important findings regarding relationships include the following:

- Developing mutual relationships is fundamental to women's identity and sense of worth.
- Women offenders frequently suffer from isolation and alienation created by discrimination, victimization, mental illness, and substance abuse.

- Studies in the substance abuse field indicate that partners, in particular, are an integral part of women's initiation into substance abuse, continuing drug use, and relapse. Partners can also influence the retention of women in treatment programs.
- The majority of women under criminal justice supervision are mothers of dependent children. Many women try to maintain their parenting responsibilities while under community supervision or while in custody, and many plan to reunite with one or more of their children on their release.
- Studies have shown that relationships among women in prison are also important. Women often develop close personal relationships and pseudo families as a way to adjust to prison life. Research on prison staff indicates that correctional personnel often are not prepared to provide appropriate responses to these relationships.

Guiding Principle 3: Address Substance Abuse, Trauma, and Mental Health Issues Through Comprehensive, Integrated, and Culturally Relevant Services and Appropriate Supervision

Substance abuse, trauma, and mental health are three critical, interrelated issues in the lives of women offenders. These issues have a major impact on a women's experience of community correctional supervision, incarceration, and transition to the community in terms of both programming needs and successful reentry. Although they are therapeutically linked, these issues historically have been treated separately. One of the most important developments in health care over the past several decades is the recognition that a substantial proportion of women have a history of serious traumatic experiences. These traumatic experiences play a vital and often unrecognized role in the evolution of a woman's physical and mental health problems.

The Evidence

The salient features that propel women into crime include family violence and battering, substance abuse, and mental health issues. Other considerations include the following:

- Substance abuse studies indicate that trauma, particularly in the form of physical or sexual abuse, is closely associated with substance abuse disorders in women. According to various studies, a lifetime history of trauma is present in approximately 55 to 99 percent of female substance abusers.
- Research shows that women who have been sexually or physically abused as children or adults are more likely to abuse alcohol and other drugs and may suffer from depression, anxiety disorders, and posttraumatic stress disorder.
- Co-occurring disorders complicate substance abuse treatment and recovery. An integrated program concurrently addresses both disorders through assessment, treatment, referral and coordination.
- Research conducted by the National Institutes of Health indicated that gender differences, as well as race and ethnicity, must be considered in determining appropriate diagnosis, treatment, and prevention of disease.
- Experience in the substance abuse field has shown that treatment programs are better able to engage and retain women clients if programs are culturally targeted.

Guiding Principle 4: Provide Women with Opportunities to Improve Their Socioeconomic Conditions

Addressing both the social and material realities of women offenders is an important aspect of correctional intervention. The woman offender's life is shaped by her socioeconomic status; her experience with trauma and substance abuse; and her relationships with partners, children and family. Most women offenders are disadvantaged economically, and this reality is compounded by their trauma and substance abuse histories. Improving socioeconomic outcomes for women requires providing opportunities through education and training that will enable them to support themselves and their children.

The Evidence

Most women offenders are poor, undereducated, and unskilled. Many have never worked, have sporadic work histories, or have depended on public assistance. Additional factors that affect their socioeconomic conditions include the following:

- Most women offenders are heads of their households. In 1997, nearly 32 percent of all female heads of households lived below the poverty line.
- Research in the field of domestic violence has shown that availability of material and economic necessities, including housing, financial support, educational and vocational training, and job development -- is essential to women's ability to establish lives apart from their abusive partners.
- Research on the effectiveness of substance abuse treatment has noted that, without strong material support, women presented with economic demands are more likely to reoffend and discontinue treatment.
- Recent changes in public assistance due to welfare reform (e.g., Temporary Assistance for Needy Families programs created under the Welfare Reform Law of 1996) affect women disproportionately. They negatively affect women's ability to support themselves and their children by making them ineligible for benefits. Even when eligible, women may not be able to apply for benefits until they have been released from custody or community supervision. They cannot gain access to treatment or medical care without Medicaid. Additionally, their convictions may make them ineligible for public housing or Section 8 housing subsidies.

Guiding Principle 5: Establish a System of Community Supervision and Reentry With Comprehensive, Collaborative Services

Women offenders face specific challenges as they reenter the community from jail or prison. Women on probation also face challenges in their communities. In addition to the stigma of being identified as an offender, they may carry additional burdens, such as single-parent status, decreased economic potential, lack of targeted services and programs, responsibilities to multiple agencies, and a general lack of community support. Navigating through myriad systems that often provide fragmented services and have conflicting requirements can interfere with supervision and successful reintegration. There is a need for wraparound services – that is, a holistic and culturally sensitive plan for each woman that draws on a coordinated range of resources in her community. Types of organizations that should work as partners to assist women who are reentering the community include the following:

- Mental health providers
- Alcohol and other drug treatment programs.
- Programs for survivors of physical and sexual violence.
- Family service agencies.
- Emergency shelter, food, and financial assistance programs.
- Educational organizations.
- Vocational training and employment services.
- Health care.
- The child welfare system, childcare, and other children's services.
- Transportation.
- Self-help groups.
- Consumer-advocacy groups.
- Organizations that provide leisure and recreation options.
- Faith-based organizations.
- Community service clubs.

The Evidence

Challenges to successful completion of community supervision and reentry for women offenders have been documented in the research literature. These challenges can include housing, transportation, childcare, and employment needs; reunification with children and other family members; peer support; and fragmented community services. There is little coordination among community service systems linking substance abuse, criminal justice, public health, employments, housing and child welfare. Other considerations for successful reentry and community supervision include the following:

- Studies from such fields as substance abuse and mental health have found that collaborative, community-based programs offering a multidisciplinary approach foster successful outcomes for women. Research has shown that women offenders have a great need for comprehensive, community-based wraparound services. This coordinated or case management approach has been found to work effectively with women because it addresses their multiple treatment needs.
- Substance abuse research shows that an understanding of the interrelationships among the women, the program and the community is critical to the success of a comprehensive approach.
- Data from woman offender focus groups indicate that failure to meet the following needs puts women at risk for criminal justice involvement: housing, physical and psychological safety, education, job training and opportunities, community-based substance abuse treatment, and economic support. All of these factors – in addition to positive role models and a community response to violence against women – are critical components of a gender-responsive crime prevention program.

Guiding Principle 6: Acknowledge that Gender Makes a Difference

The final principle in responding appropriately to women is to acknowledge the implications of gender throughout the criminal justice system. The criminal justice field has been dominated by the rule of parity: Equal treatment is to be provided to everyone. However, this does not necessarily mean that the exact same treatment is appropriate for

both women and men. The data are very clear concerning the distinguishing aspects of men and women offenders. They come into the criminal justice system via different pathways; respond to supervision and custody differently; exhibit differences in terms of substance abuse, trauma, mental illness, parenting responsibilities, and employment histories, and represent different levels of risk within both the institution and the community. To successfully develop and deliver services, supervision and treatment for women offenders, we must first acknowledge these gender differences.

The Evidence

The differences between women and men are well documented across a variety of disciplines and practices, and evidence increasingly shows that the majority of these differences are due to both social and environmental factors. Although certain basic issues related to health, such as reproduction, are influenced by physiological differences, many of the observed behavior disparities are the result of gender-related differences, such as socialization, gender roles, gender stratification, and gender inequality. The nature and extent of women's criminal behavior and the ways in which they respond to supervision reflect such gender differences, including the following:

- Women and men differ in levels of participation, motivation, and degree of harm caused by their criminal behavior.
- Women's crime rates, with few exceptions, are much lower than men's crime rates.
- Women's crimes tend to be less serious (i.e., less violence, more property- and drug-related offenses) than men's crimes. The gender differential is most pronounced in violent crime, where women's participation is profoundly lower.
- The interrelationship between victimization and offending appears to be more evident in women's lives. Family violence, trauma, and substance abuse contribute to women's criminality and shape their patterns of offending.
- Women respond to community supervision, incarceration and treatment in ways that differ from those of their male counterparts. Women are less violent while in custody but have higher rates of disciplinary infractions for less serious rule violations. They are influenced by their responsibilities and concerns for their children, by their relationships with staff, and by their relationships with other offenders.

General Strategies for Implementing Guiding Principles

The success of the program will rest largely on the degree to which the guiding principles are implemented consistently throughout the program. Fostering and reinforcing the principles will be the responsibility of all staff involved in the program --- from the administrators and managers to the therapists/counselors to the correctional staff. Key strategies that will

Building a Therapeutic Community

Throughout the 1960s Therapeutic Communities (TC) were common place in psychiatric hospitals and within communities. TCs began to disappear as the the average length of stay decreased and the payment sources and methods changed. TCs began emerging in the prison populations in the late 1980s in a few prison settings since the setting was conducive to the TC approach because of the longer duration of stay and the ability to establish community norms. The TC approach was viewed as a mechanism and structure to provide substance abuse treatment and to address criminal thinking by introducing pro-social values.

“Therapeutic communities strive to develop closely knit groups of support people. This is achieved by participating in a highly structur3ed, rigid environment with a specific lingo and ritualized procedures extending for a period of several months to more than a year. Although a prison-based TC may vary considerably from one program to another, they have some shared features: they are based primarily on a social learning model; participations are isolated from the influence of the prison’s general population; participants experience a total immersion into treatment where everyday activities become part of the treatment regimental and peer counseling and support is a major part of therapeutic intervention. Theoretically, the community itself is the primary therapist. The Office of National Drug Control Policy commissioned standards for prison-based TCs, establishing the core principles and approaches of a TC and outlining four major philosophical issues for all prison-based TCs:

- 1) Substance abuse and criminality are symptoms of a disorder of the whole person.*
- 2) The disorder of the person consists of social and psychological characteristics that must be changed.*
- 3) “Right living” refers to the morals and values which sustaining recovery, is the goal of treatment.*
- 4) Recovery is a developmental learning process.*

Source: Eliason, M., Substance Abuse Treatment, Prevention, and Policy 2006 1:3

Motivational Interviewing as a Therapy and Community Norm

Motivational interviewing is a technique in which therapist and staff become helpers in the change process and express acceptance of our client. It is a way to interact with clients, and a style of counseling that can help resolve the ambivalence that prevents clients from realizing personal goals. Motivational interviewing builds on optimistic and humanistic theories about people's capabilities for exercising free choice and changing through a process of self-actualization. The therapeutic relationship for motivational interviewers is a democratic partnership. Our role in motivational interviewing is direct, with a goal of eliciting self-motivational statements and behavior changes from the client in addition to creating discrepancy to enhance motivation for positive change. Essentially, motivational interviewing activates the capability for beneficial change that everyone possesses. Although some people can continue change on their own, others require more formal treatment and support over the long journey of recovery. Even for clients with low readiness, motivational interviewing serves as a vital prelude to later therapeutic work.

Motivational interviewing is a counseling style based on the following assumptions:

- Ambivalence about change is normal and constitutes an important motivational obstacle.
- Ambivalence can be resolved by working with your client's intrinsic motivations and values.
- The alliance between you and your client is a collaborative partnership to which you each bring important expertise.
- An empathic, supportive, yet directive, counseling style provides conditions under which change can occur. (Direct argument and aggressive confrontation may tend to increase client defensiveness and reduce the likelihood of behavioral change.)

Four Principles of Motivational Interviewing

Motivational interviewing has been practical in focus. The strategies of motivational interviewing are more persuasive than coercive, more supportive than argumentative. The motivational interviewer must proceed with a strong sense of purpose, clear strategies and skills for pursuing that purpose, and a sense of timing to intervene in particular ways at incisive moments.

The clinician practices motivational interviewing with four general principles in mind:

1. Express empathy through reflective listening.
2. Develop discrepancy between clients' goals or values and their current behavior.
3. Adjust to client resistance rather than opposing it directly.
4. Support self-efficacy and optimism.

Program Coordination and Communication

The proposed structure of the program is complex and integrates many different disciplines and philosophical vantage points. Correctional Officers, Chemical Dependency Counselors, Mental Health Therapists, community based program staff, health care providers and many other staff will all be required to communicate and coordinate services in order to help promote and sustain the TC environment and provide continuity of care. Communication and coordination is going to be essential in order that the clients do not become “victims” of gaps in communication that lead to uncertainty. Prior evaluation of similar programs indicates that coordination and communication is particularly critical when clients are transitioning from one phase of the program to another. Effective communication and coordination can aid in reducing the uncertainty women participants may feel as they transition between settings.

The following general strategies can be applied to implementation of each guiding principle:

Adopt	Adopt each principle For the IMT program
Support	Provide support of the administration for adoption and implementation of the guiding principles and general strategies.
Resources	Evaluate financial and human resources to ensure that implementation and allocation adjustments are adequate to accommodate any new policies and practices.
Training	Provide ongoing training as an essential element in implementing guiding principles and general strategies.
Oversight	Include oversight of the new policies and practices in management plan development.
Congruence	Conduct routine procedural review to ensure that procedures are adapted, deletes, or written for new policies.
Environment	Conduct ongoing assessment and review of the culture/environment to monitor the attitudes, skills, knowledge, and behavior of administrative, management, and line staff.
Evaluation	Develop an evaluation process to assess management, supervision and services.

Conclusion

This white paper outlines a set of guiding principles and the importance of understanding and acknowledging the realities of women offenders addicted to methamphetamine and the impact of those realities on the development of evidence-based policies, practices, and programs in designing an effective criminal justice/treatment program. Analysis of available data indicates that addressing the realities of women's lives through responsive policy and practice is fundamental to improved outcomes and reduction in re-offense/recidivism.

Ultimately, commitment and willingness on the part of staff, administrators, policymakers and practitioners will be needed to actualize the vision and implement the principles and strategies of outlined in this white paper. Reducing women's involvement in the criminal justice system will benefit the women themselves, their communities, and society.